

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 30

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**NOAH FOR NEVADA**

**A.** Full Name (Last, First, Middle Initial)  
**MALGERI, NOAH, , ,**

Mailing Address 1006 WINDING HILL ST.

City HENDERSON	State NV	Zip Code 89002
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FEC ID number of contributing federal political committee. **C** H2NV03187

Name of Employer Noah for Nevada	Occupation Candidate
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Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
140885.23

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2021

Transaction ID : SA11D.4527

Amount of Each Receipt this Period

100.00
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☐ Memo Item

In-kind - Professional makeup Caitlin Moscato

**B.** Full Name (Last, First, Middle Initial)  
**MALGERI, NOAH, , ,**

Mailing Address 1006 WINDING HILL ST.

City HENDERSON	State NV	Zip Code 89002
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FEC ID number of contributing federal political committee. **C** H2NV03187

Name of Employer Noah for Nevada	Occupation Candidate
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Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
141335.23

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2021

Transaction ID : SA11D.4530

Amount of Each Receipt this Period

450.00
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☐ Memo Item

In-kind - Headshots by Ericky

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
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Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
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Amount of Each Receipt this Period

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☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

550.00
1024.29